



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/529,916-Conf. #5280
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	April 1, 2005
1,170.00		First Named Inventor	Yoshiro Chikaki
		Examiner Name	J. L. Goff
		Art Unit	1791
		Attorney Docket No.	KKH-0037

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims 4 - or HP = 4 x Fee (\$): _____ = Fee Paid (\$): _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 1 - or HP = 1 x Fee (\$): _____ = Fee Paid (\$): _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity)	
Other (e.g., late filing surcharge):	
1251 Extension for response within second month	360.00
1801 Request for continued examination (RCE) (see 37 ...)	810.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	29,211
Name (Print/Type)	Carl Schaukowitch	Telephone	(202) 955-3750
		Date	December 22, 2008



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/529,916-Conf. #5280
		Filing Date	April 1, 2005
		First Named Inventor	Yoshiro Chikaki
		Examiner Name	J. L. Goff
		Art Unit	1791
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	KKH-0037
TOTAL AMOUNT OF PAYMENT		(\$)	1,170.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4	- or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
1	- or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

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	- 100 =	/50 =	(round up to a whole number) x	=

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Name (Print/Type)	Carl Schaukowitch	Telephone	(202) 955-3750
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